

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT** ▼Example: If typing, type
over the lines

Minnesota Democratic-Farmer-Labor Party

ADDRESS (number and street)

255 East Plato Blvd

☐Check if different
than previously
reported. (ACC)

Saint Paul

MN

55107

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00025254

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Lori Sellner

Signature of Treasurer

Electronically Filed by Lori Sellner

Date

04

19

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 83

Write or Type Committee Name

Minnesota Democratic-Farmer-Labor Party

Report Covering the Period:

From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	3693.81
(b) Cash on Hand at Beginning of Reporting Period	7566.95	
(c) Total Receipts (from Line 19)	193150.13	431377.95
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	200717.08	435071.76
7. Total Disbursements (from Line 31)	152785.79	387140.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	47931.29	47931.29
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	196918.46	



This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Minnesota Democratic-Farmer-Labor Party

Report Covering the Period:

From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	7978.33	40528.33
(ii) Unitemized	62288.28	87261.37
(iii) TOTAL (add Lines 11(a)(i) and (ii)	70266.61	127789.70
(b) Political Party Committees	3220.00	9660.00
(c) Other Political Committees (such as PACs)	31000.00	51050.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	104486.61	188499.70
12. Transfers From Affiliated/Other Party Committees	25000.00	39672.39
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	27769.07	75183.57
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	9053.20	54173.40
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	26841.25	73848.89
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	26841.25	73848.89
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	193150.13	431377.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	166308.88	357529.06

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	6355.90	15886.13
(ii) Non-Federal Share.....	29614.34	79324.82
(b) Other Federal Operating Expenditures.....	111832.71	238727.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	147802.95	333938.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	8723.94
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	256.66	256.66
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	256.66	256.66
29. Other Disbursements.....	4726.18	44221.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	152785.79	387140.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	123171.45	307815.65

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	104486.61	188499.70
34. Total Contribution Refunds (from Line 28(d))	256.66	256.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	104229.95	188243.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	118188.61	254614.05
37. Offsets to Operating Expenditures (from Line 15, page 3)	27769.07	75183.57
38. Net Operating Expenditures (subtract Line 37 from Line 36)	90419.54	179430.48

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Katherine Austin Mahle

Mailing Address 1410 Spring Valley Rd

City

Golden Valley

State

MN

Zip Code

55422-4748

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hamline United Methodist C

Occupation
Clergy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 1 0

Transaction ID: C6004483

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Bernadette Berger

Mailing Address 7711 Victoria Circle
St. Louis Park

City

St. Louis Park

State

MN

Zip Code

55426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allianz

Occupation
Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: C6010462

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Philip Castrovinci

Mailing Address 1915 18th St NW

City

Rochester

State

MN

Zip Code

55901-0728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 1 0

Transaction ID: C6036328

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Nathan Coulter

Mailing Address 800 W 106th St Apt 7

City

Bloomington

State

MN

Zip Code

55420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Minnesota

Occupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: C6036347

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Dennis

Mailing Address 1370 Shagbark Dr

City

Des Plaines

State

IL

Zip Code

60018-1656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 1 / 2 0 1 0

Transaction ID: C6010167

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Laurie Driessen

Mailing Address 410 Oscar Ave N

City

Canby

State

MN

Zip Code

56220

FEC ID number of contributing
federal political committee.

C

Name of Employer
REM Southwest Services

Occupation
Human Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 1 / 2 0 1 0

Transaction ID: C6036699

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)

590.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Sally Ehlers

Mailing Address 720 Bachelor Ave

City

Mendota Heights

State

MN

Zip Code

55118-3701

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	0

Transaction ID: C6010356

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Paul Fish

Mailing Address 3935 Solway Rd

City

Duluth

State

MN

Zip Code

55810-9725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hunegs Stone et alOccupation
Field Representative

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	1	0

Transaction ID: C6010496

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Lois Gibson

Mailing Address 1235 Yale Place #302

City

Minneapolis

State

MN

Zip Code

55403-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	0

Transaction ID: C6011225

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Richard Hansen

Mailing Address 444 16th Ave N

City

S Saint Paul

State

MN

Zip Code

55075-1827

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Minnesota

Occupation
Legislator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 2 / 2 0 1 0

Transaction ID: C6036376

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Nancy Larson

Mailing Address 21950 CSAH 4

City

Dassel

State

MN

Zip Code

55325-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer
MN Assn of Small Cities

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 8 / 2 0 1 0

Transaction ID: C6013789

Amount of Each Receipt this Period

180.00

C.

Full Name (Last, First, Middle Initial)

Mark Liebling

Mailing Address 1018 Hickory Ln SW

City

Rochester

State

MN

Zip Code

55902-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: C6011222

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

680.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Barbara Miller

Mailing Address 4059 Beaver Dam Road

City

Eagan

State

MN

Zip Code

55122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: C6036348

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Felix Raymond Montez

Mailing Address 720 3rd Ave NE
Unit 109

City

Minneapolis

State

MN

Zip Code

55413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lutheran Social Services

Occupation
Correctional Counselor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 4 / 2 0 1 0

Transaction ID: C6036332

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Rhonda Olson

Mailing Address 2742 Hwy 65

City

Mora

State

MN

Zip Code

55051-6234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kanabec Co

Occupation
County Recorder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 7 / 2 0 1 0

Transaction ID: C6036477

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

583.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Rhonda Olson

Mailing Address 2742 Hwy 65

City

Mora

State

MN

Zip Code

55051-6234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kanabec Co

Occupation

County Recorder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 1 0

Transaction ID: C6018439

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

Shane Reese

Mailing Address 2026 Pierce St NE

City

Minneapolis

State

MN

Zip Code

55418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ecolab

Occupation

Training Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 1 / 2 0 1 0

Transaction ID: C6036693

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ken Reine

Mailing Address 3330 Ten Oaks St S

City

Cambridge

State

MN

Zip Code

55008-3810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 1 0

Transaction ID: C6012272

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)

680.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Ken Reine

Mailing Address 3330 Ten Oaks St S

City

Cambridge

State

MN

Zip Code

55008-3810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: C6011223

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Kenneth Schivone

Mailing Address 1942 N Lexington Ave

City

Roseville

State

MN

Zip Code

55113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 1 0

Transaction ID: C6036560

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Lori Sellner

Mailing Address 420 3rd Ave NE

City

Sleepy Eye

State

MN

Zip Code

56085-1679

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norwood Promo Products

Occupation
Proofreader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 5 / 2 0 1 0

Transaction ID: C6036384

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Lori Sellner

Mailing Address 420 3rd Ave NE

City

Sleepy Eye

State

MN

Zip Code

56085-1679

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norwood Promo ProductsOccupation
Proofreader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	1	0

Transaction ID: C6036514

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

Miriam Simmons

Mailing Address 13960 47th St N

City

Stillwater

State

MN

Zip Code

55082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Delta TechnologiesOccupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	1	0

Transaction ID: C6036289

Amount of Each Receipt this Period

140.00

C.

Full Name (Last, First, Middle Initial)

Nora Slawik

Mailing Address 2335 Snowshoe Ln E

City

Maplewood

State

MN

Zip Code

55119-5956

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of MinnesotaOccupation
Legislator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	1	0

Transaction ID: C6012284

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)

320.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 83

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Nora Slawik

Mailing Address 2335 Snowshoe Ln E

City

Maplewood

State

MN

Zip Code

55119-5956

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of MinnesotaOccupation
Legislator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	7	/	2	0	1	0

Transaction ID: C6036385

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

James Stensvold

Mailing Address 2210 Bonnie Ln

City

Saint Paul

State

MN

Zip Code

55119-5669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Automated Building CorpOccupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: C6010220

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Kathleen Tennesen

Mailing Address 3200 E 51st St

City

Minneapolis

State

MN

Zip Code

55417-1443

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	0

Transaction ID: C6011202

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 83

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Karen Viskochil

Mailing Address 3715 Thomas Ave S

City

Minneapolis

State

MN

Zip Code

55410-1231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 0

Transaction ID: C6010303

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Rolf E. Westgard

Mailing Address 25189 Moonrise Trl

City

Deerwood

State

MN

Zip Code

56444-8832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 2 / 2 0 1 0

Transaction ID: C6011196

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

7978.33

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 83

(check only one)

<input type="checkbox"/>	11a	<input checked="" type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
--------------------------	-----	-------------------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 S Capitol St SE
Federal Fund

City	State	Zip Code
Washington	DC	20003-4024

FEC ID number of contributing
federal political committee.**C** C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

26260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	0

Transaction ID: C6021378

Amount of Each Receipt this Period

3220.00

* In-Kind: Voter File

SUBTOTAL of Receipts This Page (optional)

3220.00

TOTAL This Period (last page this line number only)

3220.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 83

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Franken (Al) for Senate

Mailing Address PO Box 583144

City

Minneapolis

State

MN

Zip Code

55458

FEC ID number of contributing
federal political committee.

C

c00432278

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 1 / 2 0 1 0

Transaction ID: C6009997

Amount of Each Receipt this Period

3000.00

Excess Funds Transfer

B.

Full Name (Last, First, Middle Initial)

Franken (Al) for Senate

Mailing Address PO Box 583144

City

Minneapolis

State

MN

Zip Code

55458

FEC ID number of contributing
federal political committee.

C

c00432278

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 2 / 2 0 1 0

Transaction ID: C6010013

Amount of Each Receipt this Period

8000.00

Excess Funds Transfer

C.

Full Name (Last, First, Middle Initial)

Midwest Values Federal PAC

Mailing Address PO Box 583232

City

Minneapolis

State

MN

Zip Code

55458

FEC ID number of contributing
federal political committee.

C

C00416131

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 1 / 2 0 1 0

Transaction ID: C6009998

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

16000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 83

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Peterson (Collin) for US Congress

Mailing Address PO Box 265

US House CD 7

City

Detroit Lakes

State

MN

Zip Code

56502

FEC ID number of contributing
federal political committee.**C**

C00253187

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	0

Transaction ID: C6036613

Amount of Each Receipt this Period

15000.00

Excess Funds Transfer

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

31000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 83

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)
Democratic National CommitteeMailing Address 430 S Capitol St SE
Federal FundCity State Zip Code
Washington DC 20003-4024FEC ID number of contributing
federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

26260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	0

Transaction ID: C6010005

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
Dollars for Democrats Unitemized

Mailing Address 430 S Capitol St SE

City State Zip Code
Washington DC 20003FEC ID number of contributing
federal political committee. **C** C00010603

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

98621.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	0

Transaction ID: C6036223

Amount of Each Receipt this Period

98621.00

[MEMO ITEM]

* Dollars for Democrats

C.

Full Name (Last, First, Middle Initial)
Dollars for DemocratsMailing Address 430 S Capitol St SE
C00073791City State Zip Code
Washington DC 20003FEC ID number of contributing
federal political committee. **C** C00073791

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	1	0

Transaction ID: C6010004

Amount of Each Receipt this Period

20000.00

Dollars for Democrats

SUBTOTAL of Receipts This Page (optional)

25000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 83

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Robert Boehlke

Mailing Address 9850 Lyndale Ave S #305

City

Minneapolis

State

MN

Zip Code

55420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 1 / 2 0 1 0

Transaction ID: C6036215

Amount of Each Receipt this Period

115.00

[MEMO ITEM]

* Dollars for Democrats

B.

Full Name (Last, First, Middle Initial)

Robert Boehlke

Mailing Address 9850 Lyndale Ave S #305

City

Minneapolis

State

MN

Zip Code

55420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 1 0

Transaction ID: C6036216

Amount of Each Receipt this Period

115.00

[MEMO ITEM]

* Dollars for Democrats

C.

Full Name (Last, First, Middle Initial)

LaJean Roy Firminhac

Mailing Address PO Box 364

City

Beaver Bay

State

MN

Zip Code

55601-0364

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: C6036218

Amount of Each Receipt this Period

115.00

[MEMO ITEM]

* Dollars for Democrats

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 83

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

LaJean Roy Firminhac

Mailing Address PO Box 364

City

Beaver Bay

State

MN

Zip Code

55601-0364

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 0

Transaction ID: C6036219

Amount of Each Receipt this Period

115.00

[MEMO ITEM]

* Dollars for Democrats

B.

Full Name (Last, First, Middle Initial)

William Jepsen

Mailing Address 321 Boutwell Place

City

Stillwater

State

MN

Zip Code

55082-4518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schwebel, Goetz, Sieben

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 1 0

Transaction ID: C6036220

Amount of Each Receipt this Period

225.00

[MEMO ITEM]

* Dollars for Democrats

C.

Full Name (Last, First, Middle Initial)

Frank Mayers

Mailing Address 1200 Marion St

City

Saint Paul

State

MN

Zip Code

55117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 0

Transaction ID: C6036221

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

* Dollars for Democrats

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 83

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Donna Scott

Mailing Address 9341 65th St N

City

Stillwater

State

MN

Zip Code

55082-9233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 0

Transaction ID: C6036222

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

* Dollars for Democrats

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

25000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 83

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Cobra Today

Mailing Address 3033 Campus Dr #200

City

Plymouth

State

MN

Zip Code

55441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8744.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 3 / 2 0 1 0

Transaction ID: C6010000

Amount of Each Receipt this Period

2346.85

Third Party Administrator
Refund 100% Federal

B.

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 S Capitol St SE
Federal Fund

City

Washington

State

DC

Zip Code

20003-4024

FEC ID number of contributing
federal political committee.

C

C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

26260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 1 0

Transaction ID: C6009993

Amount of Each Receipt this Period

1600.00

Office Rent

C.

Full Name (Last, First, Middle Initial)

Ellison (Keith) for Congress

Mailing Address PO Box 6072

City

Minneapolis

State

MN

Zip Code

55406

FEC ID number of contributing
federal political committee.

C

C00422410

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35241.06

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 8 / 2 0 1 0

Transaction ID: C6009988

Amount of Each Receipt this Period

659.70

Actual Cost of Health Ins-
urance

SUBTOTAL of Receipts This Page (optional)

4606.55

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 83

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Ellison (Keith) for Congress

Mailing Address PO Box 6072

City

Minneapolis

State

MN

Zip Code

55406

FEC ID number of contributing
federal political committee.**C**

C00422410

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35241.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	0

Transaction ID: C6009989

Amount of Each Receipt this Period

5147.20

Actual Cost of Payroll

B.

Full Name (Last, First, Middle Initial)

Ellison (Keith) for Congress

Mailing Address PO Box 6072

City

Minneapolis

State

MN

Zip Code

55406

FEC ID number of contributing
federal political committee.**C**

C00422410

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35241.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

Transaction ID: C6009990

Amount of Each Receipt this Period

6117.71

Actual Cost of Payroll

C.

Full Name (Last, First, Middle Initial)

Fredrikson & Byron, PA

Mailing Address PO Box 1484

City

Minneapolis

State

MN

Zip Code

55480

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☐ General
☒ Other (specify) ▼
 Recount

Aggregate Year-to-Date ▼

9497.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	1	0

Transaction ID: C6009994

Amount of Each Receipt this Period

9497.61

Refund of Overpayment Rec-
ount Legal Fees 100 % Fed-
eral

SUBTOTAL of Receipts This Page (optional)

20762.52

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 83

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Friends of Jim Oberstar

Mailing Address PO Box 465

City

Duluth

State

MN

Zip Code

55801-0465

FEC ID number of contributing
federal political committee.

C

C00187419

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

17400.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 1 0

Transaction ID: C6009991

Amount of Each Receipt this Period

2400.00

Reimbursement for Campaign
Training

SUBTOTAL of Receipts This Page (optional)

2400.00

TOTAL This Period (last page this line number only)

27769.07

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 83

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Neighbors For Toni Carter

Mailing Address 2160 Glenridge Ave

City

Saint Paul

State

MN

Zip Code

55119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 1 0

Transaction ID: C6009996

Amount of Each Receipt this Period

600.00

Van Payment

B.

Full Name (Last, First, Middle Initial)

Gail Dorfman For County Commissioner

Mailing Address 4113 Forest Rd

City

Saint Louis Park

State

MN

Zip Code

55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 1 0

Transaction ID: C6009995

Amount of Each Receipt this Period

600.00

Van Payment

C.

Full Name (Last, First, Middle Initial)

Ron Erhardt For Senate

Mailing Address 4214 Sunnyside Rd

City

Edina

State

MN

Zip Code

55424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 1 0

Transaction ID: C6010002

Amount of Each Receipt this Period

300.00

Van Payment

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 83

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Steve Elkins For Senate

Mailing Address 4825 W 86th St

City

Minneapolis

State

MN

Zip Code

55437

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 1 0

Transaction ID: C6010001

Amount of Each Receipt this Period

300.00

Van Payment

B.

Full Name (Last, First, Middle Initial)

Gaertner for Governor

Mailing Address 4902 Morehead Ave

City

White Bear Lake

State

MN

Zip Code

55110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 1 0

Transaction ID: C6010003

Amount of Each Receipt this Period

1000.00

Van Payment

C.

Full Name (Last, First, Middle Initial)

State Tax Checkoff - MN Dept. of Revenue

Mailing Address PO Box 821

City

Minneapolis

State

MN

Zip Code

55480-0821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6773.40

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Transaction ID: C6036625

Amount of Each Receipt this Period

6253.20

State Checkoff

SUBTOTAL of Receipts This Page (optional)

7553.20

TOTAL This Period (last page this line number only)

9053.20

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Abigail Kruse

Mailing Address 17356 Holland Ave

City Lakeville State MN Zip Code 55044

Purpose of Disbursement
Communications Intern Stipend

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308889

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Aetna

Mailing Address PO Box 88860

City Chicago State IL Zip Code 60695-1860

Purpose of Disbursement
Health Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308890

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

1765.25

C.

Full Name (Last, First, Middle Initial)

Jacquelyn Bateman

Mailing Address 38124 Honeysuckle Ln

City North Mankato State MN Zip Code 56003

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308999

Date of Disbursement

03 / 26 / 2010

Amount of Each Disbursement this Period

1455.04

SUBTOTAL of Disbursements This Page (optional)

3620.29

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Jacquelyn Bateman

Mailing Address 38124 Honeysuckle Ln

City
North Mankato

State
MN

Zip Code
56003

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D309000

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

1455.03

B.

Full Name (Last, First, Middle Initial)

Brown & Bigelow

Mailing Address PO Box 1450
NW 8554

City
Minneapolis

State
MN

Zip Code
55485-1450

Purpose of Disbursement
State Fair T Shirts

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D308937

Date of Disbursement

03 / 19 / 2010

Amount of Each Disbursement this Period

1907.70

C.

Full Name (Last, First, Middle Initial)

Donna Cassutt

Mailing Address 815 E 61st St

City
Minneapolis

State
MN

Zip Code
55417-3144

Purpose of Disbursement
Health Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D308945

Date of Disbursement

03 / 19 / 2010

Amount of Each Disbursement this Period

572.14

SUBTOTAL of Disbursements This Page (optional)

3934.87

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Donna Cassutt

Mailing Address 815 E 61st St

City
Minneapolis

State
MN

Zip Code
55417-3144

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D309001

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1774.15

B.

Full Name (Last, First, Middle Initial)

Donna Cassutt

Mailing Address 815 E 61st St

City
Minneapolis

State
MN

Zip Code
55417-3144

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D309002

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1774.15

C.

Full Name (Last, First, Middle Initial)

Warren Clafin

Mailing Address 321 4th Ave S

City
S Saint Paul

State
MN

Zip Code
55075

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D309003

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1525.96

SUBTOTAL of Disbursements This Page (optional)

5074.26

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Warren Clafin

Mailing Address 321 4th Ave S

City
S Saint Paul

State
MN

Zip Code
55075

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D309004

Date of Disbursement

03 / 26 / 2010

Amount of Each Disbursement this Period

1525.97

B.

Full Name (Last, First, Middle Initial)

Warren Clafin

Mailing Address 321 4th Ave S

City
S Saint Paul

State
MN

Zip Code
55075

Purpose of Disbursement
Mileage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308874

Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

245.81

C.

Full Name (Last, First, Middle Initial)

Democratic National Committee

Mailing Address 430 S Capitol St SE
Federal Fund

City
Washington

State
DC

Zip Code
20003-4024

Purpose of Disbursement
Voter File

Candidate Name
Democratic National Committee

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D309024

Date of Disbursement

03 / 08 / 2010

Amount of Each Disbursement this Period

3220.00

* In-Kind Received

SUBTOTAL of Disbursements This Page (optional)

4991.78

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Julia Donnelly

Mailing Address 1516 Iglehart Ave

City
Saint Paul

State
MN

Zip Code
55104

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D308992

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

749.73

B.

Full Name (Last, First, Middle Initial)

Julia Donnelly

Mailing Address 1516 Iglehart Ave

City
Saint Paul

State
MN

Zip Code
55104

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D308993

Date of Disbursement

03 / 26 / 2010

Amount of Each Disbursement this Period

783.29

C.

Full Name (Last, First, Middle Initial)

EFTPS Fed Tax Payment

Mailing Address Federal Withholding Taxes

City
Iowa City

State
IA

Zip Code
52244

Purpose of Disbursement
Federal Withholding

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D308983

Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

6721.18

SUBTOTAL of Disbursements This Page (optional)

8254.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 83

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial) EFTPS Fed Tax Payment	Transaction ID: D308984 Date of Disbursement																				
Mailing Address Federal Withholding Taxes	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	5		2	0	1	0												
City State Zip Code Iowa City IA 52244	Amount of Each Disbursement this Period																				
Purpose of Disbursement Federal Withholding Candidate Name	<table border="1"> <tr> <td colspan="10">7691.84</td> </tr> </table>	7691.84																			
7691.84																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) EFTPS Fed Tax Payment	Transaction ID: D308985 Date of Disbursement																				
Mailing Address Federal Withholding Taxes	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	9		2	0	1	0												
City State Zip Code Iowa City IA 52244	Amount of Each Disbursement this Period																				
Purpose of Disbursement Federal Withholding Candidate Name	<table border="1"> <tr> <td colspan="10">9328.40</td> </tr> </table>	9328.40																			
9328.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Matthew L Grill	Transaction ID: D309005 Date of Disbursement																				
Mailing Address 11 Prescott Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	6		2	0	1	0												
City State Zip Code Montclair NJ 07042	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">1823.26</td> </tr> </table>	1823.26																			
1823.26																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

18843.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

James Haggar

Mailing Address 204 Western Ave #302

City State Zip Code
Saint Paul MN 55102

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D309006

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2494.85

B.

Full Name (Last, First, Middle Initial)

James Haggar

Mailing Address 204 Western Ave #302

City State Zip Code
Saint Paul MN 55102

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D309007

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2494.85

C.

Full Name (Last, First, Middle Initial)

HealthPartners

Mailing Address 8170 33rd Ave S

City State Zip Code
Bloomington MN 55425

Purpose of Disbursement
Health Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308932

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9055.90

SUBTOTAL of Disbursements This Page (optional)

14045.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Brian Heenan

Mailing Address 14 Oak Grove St #307

City
Minneapolis

State
MN

Zip Code
55403

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D309008

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1037.69

B.

Full Name (Last, First, Middle Initial)

Brian Heenan

Mailing Address 14 Oak Grove St #307

City
Minneapolis

State
MN

Zip Code
55403

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D309009

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1037.71

C.

Full Name (Last, First, Middle Initial)

Honsa-Binder Printing

Mailing Address 320 Spruce St

City
Saint Paul

State
MN

Zip Code
55101-2445

Purpose of Disbursement
Fundraising Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308964

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2790.16

SUBTOTAL of Disbursements This Page (optional)

4865.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

TVEyes Inc

Mailing Address 2150 Post Road

City
Fairfield

State
CT

Zip Code
06824

Purpose of Disbursement
Media Research

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308966

Date of Disbursement

03 / 24 / 2010

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Libby Keefe

Mailing Address 591 Lincoln Ave

City
Saint Paul

State
MN

Zip Code
55102-2814

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D309010

Date of Disbursement

03 / 26 / 2010

Amount of Each Disbursement this Period

1824.35

C.

Full Name (Last, First, Middle Initial)

Libby Keefe

Mailing Address 591 Lincoln Ave

City
Saint Paul

State
MN

Zip Code
55102-2814

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D309011

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

1824.34

SUBTOTAL of Disbursements This Page (optional)

5648.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Mark S McCullough

Mailing Address 407 Nicollet Ave

City
North Mankato

State
MN

Zip Code
56003-3838

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D309012

Date of Disbursement

/ /

Amount of Each Disbursement this Period

769.47

B.

Full Name (Last, First, Middle Initial)

Mark S McCullough

Mailing Address 407 Nicollet Ave

City
North Mankato

State
MN

Zip Code
56003-3838

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D309013

Date of Disbursement

/ /

Amount of Each Disbursement this Period

769.46

C.

Full Name (Last, First, Middle Initial)

Mark S McCullough

Mailing Address 407 Nicollet Ave

City
North Mankato

State
MN

Zip Code
56003-3838

Purpose of Disbursement
Mileage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308952

Date of Disbursement

/ /

Amount of Each Disbursement this Period

148.98

SUBTOTAL of Disbursements This Page (optional)

1687.91

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Mark S McCullough

Mailing Address 407 Nicollet Ave

City
North Mankato

State
MN

Zip Code
56003-3838

Purpose of Disbursement
Mileage, Event Ticket

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308953

Date of Disbursement

03 / 23 / 2010

Amount of Each Disbursement this Period

212.56

B.

Full Name (Last, First, Middle Initial)

Mark S McCullough

Mailing Address 407 Nicollet Ave

City
North Mankato

State
MN

Zip Code
56003-3838

Purpose of Disbursement
Mileage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308878

Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

104.34

C.

Full Name (Last, First, Middle Initial)

McFarland & Co

Mailing Address 618 Washington Ave
#403

City
Minneapolis

State
MN

Zip Code
55401

Purpose of Disbursement
Media Consultant

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308892

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

3316.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial) Minnesota Revenue	Transaction ID: D308949 Date of Disbursement																				
Mailing Address PO Box 821	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	0												
City Minneapolis State MN Zip Code 55480-0821	Amount of Each Disbursement this Period																				
Purpose of Disbursement Sales Tax Candidate Name	<table border="1"> <tr> <td colspan="10">680.00</td> </tr> </table>	680.00																			
680.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Minnesota Revenue	Transaction ID: D308982 Date of Disbursement																				
Mailing Address PO Box 821	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	1		2	0	1	0												
City Minneapolis State MN Zip Code 55480-0821	Amount of Each Disbursement this Period																				
Purpose of Disbursement State Withholding Tax Candidate Name	<table border="1"> <tr> <td colspan="10">1230.00</td> </tr> </table>	1230.00																			
1230.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Minnesota Revenue	Transaction ID: D308986 Date of Disbursement																				
Mailing Address PO Box 821	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	9		2	0	1	0												
City Minneapolis State MN Zip Code 55480-0821	Amount of Each Disbursement this Period																				
Purpose of Disbursement State Withholding Tax Candidate Name	<table border="1"> <tr> <td colspan="10">1718.00</td> </tr> </table>	1718.00																			
1718.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3628.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Minnesota Revenue

Mailing Address PO Box 821

City
Minneapolis

State
MN

Zip Code
55480-0821

Purpose of Disbursement

Payroll Tax Levy

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308987

Date of Disbursement

03 / 29 / 2010

Amount of Each Disbursement this Period

523.95

B.

Full Name (Last, First, Middle Initial)

Minnesota Revenue

Mailing Address PO Box 821

City
Minneapolis

State
MN

Zip Code
55480-0821

Purpose of Disbursement

Payroll Tax Levy

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308988

Date of Disbursement

03 / 15 / 2010

Amount of Each Disbursement this Period

523.95

C.

Full Name (Last, First, Middle Initial)

Minnesota Revenue

Mailing Address PO Box 821

City
Minneapolis

State
MN

Zip Code
55480-0821

Purpose of Disbursement

Federal Withholding

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308989

Date of Disbursement

03 / 15 / 2010

Amount of Each Disbursement this Period

1413.00

SUBTOTAL of Disbursements This Page (optional)

2460.90

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Minnesota UC Fund

Mailing Address PO Box 821

City
MinneapolisState
MNZip Code
55480-0821Purpose of Disbursement
Unemployment Correction

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D309030

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 1 0

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Andrew O'Leary

Mailing Address 255 Plato Blvd E

City
Saint PaulState
MNZip Code
55107-1623Purpose of Disbursement
Payroll

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D309014

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 2 6 / 2 0 1 0

Amount of Each Disbursement this Period

2151.87

C.

Full Name (Last, First, Middle Initial)

Andrew O'Leary

Mailing Address 255 Plato Blvd E

City
Saint PaulState
MNZip Code
55107-1623Purpose of Disbursement
Payroll

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D309015

Date of Disbursement

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 1 0

Amount of Each Disbursement this Period

2151.87

SUBTOTAL of Disbursements This Page (optional)

9303.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Pitney Bowes Purchase Power

Mailing Address PO Box 85390

City
Louisville

State
KY

Zip Code
40285-5390

Purpose of Disbursement
Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D308881

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4431.85

B.

Full Name (Last, First, Middle Initial)

Principal Life

Mailing Address PO Box 14416

City
Des Moines

State
IA

Zip Code
50306-3416

Purpose of Disbursement
Health Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D308929

Date of Disbursement

/ /

Amount of Each Disbursement this Period

156.74

C.

Full Name (Last, First, Middle Initial)

Matt Roznowski

Mailing Address 1428 6th St SE #1

City
Minneapolis

State
MN

Zip Code
55414

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D308994

Date of Disbursement

/ /

Amount of Each Disbursement this Period

796.97

SUBTOTAL of Disbursements This Page (optional)

5385.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Matt Roznowski

Mailing Address 1428 6th St SE #1

City State Zip Code
Minneapolis MN 55414

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308995

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

796.99

B.

Full Name (Last, First, Middle Initial)

Ranee Skinner

Mailing Address 418 7th St SE
Apt 101

City State Zip Code
Minneapolis MN 55414-1234

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D309018

Date of Disbursement

03 / 26 / 2010

Amount of Each Disbursement this Period

1099.69

C.

Full Name (Last, First, Middle Initial)

Kristin Sosanie

Mailing Address 1381 Cleveland Ave

City State Zip Code
Saint Paul MN 55108

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D309016

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

1406.95

SUBTOTAL of Disbursements This Page (optional)

3303.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial) Kristin Sosanie	Transaction ID: D309017 Date of Disbursement																				
Mailing Address 1381 Cleveland Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	1	0												
City Saint Paul State MN Zip Code 55108	Amount of Each Disbursement this Period																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1406.97</td> </tr> </table>	1406.97																			
1406.97																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Apple Store	Transaction ID: D308903 Date of Disbursement																				
Mailing Address 132 South Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	0												
City Bloomington State MN Zip Code 55425	Amount of Each Disbursement this Period																				
Purpose of Disbursement Computer & Support	<table border="1"> <tr> <td colspan="10">3819.11</td> </tr> </table>	3819.11																			
3819.11																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Supermega Design	Transaction ID: D308909 Date of Disbursement																				
Mailing Address 3549 Dupont Ave S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	9		2	0	1	0												
City Minneapolis State MN Zip Code 55408	Amount of Each Disbursement this Period																				
Purpose of Disbursement Redesign DFL Web Page & Functions	<table border="1"> <tr> <td colspan="10">2050.00</td> </tr> </table>	2050.00																			
2050.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7276.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Janelle Tieken

Mailing Address 8769 Hastings Cir NE

City State Zip Code
Minneapolis MN 55449

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D309019

Date of Disbursement

/ /

Amount of Each Disbursement this Period

228.87

B.

Full Name (Last, First, Middle Initial)

Janelle Tieken

Mailing Address 8769 Hastings Cir NE

City State Zip Code
Minneapolis MN 55449

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D309020

Date of Disbursement

/ /

Amount of Each Disbursement this Period

973.38

C.

Full Name (Last, First, Middle Initial)

U.S. Postmaster

Mailing Address Riverview Station

City State Zip Code
Saint Paul MN 55107

Purpose of Disbursement
Bulk Mailing Permit

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308879

Date of Disbursement

/ /

Amount of Each Disbursement this Period

185.00

SUBTOTAL of Disbursements This Page (optional)

1387.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Wakely, David R

Mailing Address 1151 Hamline Ave N

City
St. Paul

State
MN

Zip Code
55108

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D308996

Date of Disbursement

03 / 12 / 2010

Amount of Each Disbursement this Period

1408.00

B.

Full Name (Last, First, Middle Initial)

Wakely, David R

Mailing Address 1151 Hamline Ave N

City
St. Paul

State
MN

Zip Code
55108

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D308997

Date of Disbursement

03 / 26 / 2010

Amount of Each Disbursement this Period

1408.00

C.

Full Name (Last, First, Middle Initial)

Miranda J Wilson

Mailing Address 2917 35th Ave S #2

City
Minneapolis

State
MN

Zip Code
55406

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D308998

Date of Disbursement

03 / 26 / 2010

Amount of Each Disbursement this Period

1288.33

SUBTOTAL of Disbursements This Page (optional)

4104.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Miranda J Wilson

Mailing Address 2917 35th Ave S #2

City
Minneapolis

State
MN

Zip Code
55406

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D309032

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	1	0

Amount of Each Disbursement this Period

699.66

SUBTOTAL of Disbursements This Page (optional)

699.66

TOTAL This Period (last page this line number only)

111832.71

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Susanne Engstrom

Mailing Address 1213 S Darling Dr NW

City
Alexandria

State
MN

Zip Code
56308-4907

Purpose of Disbursement
Returned Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308951

Date of Disbursement

/ /

Amount of Each Disbursement this Period

90.00

B.

Full Name (Last, First, Middle Initial)

Felix Raymond Montez

Mailing Address 720 3rd Ave NE
Unit 109

City
Minneapolis

State
MN

Zip Code
55413

Purpose of Disbursement
Returned Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D308947

Date of Disbursement

/ /

Amount of Each Disbursement this Period

166.66

SUBTOTAL of Disbursements This Page (optional)

256.66

TOTAL This Period (last page this line number only)

256.66

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 49 / 83

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Perkins Coie

Mailing Address 1201 Third Ave #4800

City
Seattle

State
WA

Zip Code
98101

Purpose of Disbursement
Legal Fees- Recount

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Recount

Transaction ID: D308979

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	0

Amount of Each Disbursement this Period

4726.18

SUBTOTAL of Disbursements This Page (optional)

4726.18

TOTAL This Period (last page this line number only)

4726.18

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 50 / 83

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AetnaNature of Debt (Purpose):
Health Insurance

Mailing Address PO Box 88860

City State ZIP Code
Chicago IL 60695-1860

Outstanding Balance Beginning This Period

1765.25

Transaction ID: D306480

Amount Incurred This Period

523.96

Payment This Period

1765.25

Outstanding Balance at Close of This Period

523.96

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alliance Electric IncNature of Debt (Purpose):
Electrical Update

Mailing Address 11560 52nd Ave N

City State ZIP Code
Minneapolis MN 55442

Outstanding Balance Beginning This Period

0.00

Transaction ID: D309139

Amount Incurred This Period

4540.53

Payment This Period

0.00

Outstanding Balance at Close of This Period

4540.53

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Avenet LLCNature of Debt (Purpose):
Web HostingMailing Address 400 Sibley St
Ste 560City State ZIP Code
Saint Paul MN 55101-3170

Outstanding Balance Beginning This Period

5304.00

Transaction ID: D293788

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5304.00

1) SUBTOTALS This Period This Page (optional).....

10368.49

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 51 / 83

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Brown & BigelowNature of Debt (Purpose):
State Fair T-ShirtsMailing Address PO Box 1450
NW 8554City State ZIP Code
Minneapolis MN 55485-1450

Outstanding Balance Beginning This Period

3875.04

Transaction ID: D298115

Amount Incurred This Period

0.00

Payment This Period

1907.70

Outstanding Balance at Close of This Period

1967.34

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cartridge CareNature of Debt (Purpose):
Toner

Mailing Address 2256 Terminal Rd

City State ZIP Code
Roseville MN 55113-2516

Outstanding Balance Beginning This Period

0.00

Transaction ID: D309140

Amount Incurred This Period

192.65

Payment This Period

0.00

Outstanding Balance at Close of This Period

192.65

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Charter CommunicationsNature of Debt (Purpose):
Field Office Phones

Mailing Address 3380 NORTHERN VALLEY PL NE

City State ZIP Code
Rochester MN 55906-3954

Outstanding Balance Beginning This Period

8354.89

Transaction ID: D293803

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8354.89

1) **SUBTOTALS** This Period This Page (optional).....

10514.88

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 52 / 83

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ConvioNature of Debt (Purpose):
Web Page Data Host

Mailing Address PO Box 671445

City	State	ZIP Code
Dallas	TX	75267-1445

Outstanding Balance Beginning This Period

3050.00

Transaction ID: D219888

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3050.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Cornerstone Horses, Inc.Nature of Debt (Purpose):
Accounting Service

Mailing Address 591 Lincoln Avenue

City	State	ZIP Code
Saint Paul	MN	55102

Outstanding Balance Beginning This Period

5740.95

Transaction ID: D302860

Amount Incurred This Period

473.44

Payment This Period

0.00

Outstanding Balance at Close of This Period

6214.39

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Deep Rock Water CompanyNature of Debt (Purpose):
Office Water

Mailing Address PO Box 173898

City	State	ZIP Code
Denver	CO	80217-3898

Outstanding Balance Beginning This Period

244.85

Transaction ID: D305237

Amount Incurred This Period

0.00

Payment This Period

210.30

Outstanding Balance at Close of This Period

34.55

1) SUBTOTALS This Period This Page (optional).....

9298.94

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 53 / 83

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Electro WatchmanNature of Debt (Purpose):
Alarm ServiceMailing Address 1 Water St W
Ste 110City State ZIP Code
Saint Paul MN 55107-2097

Outstanding Balance Beginning This Period

523.08

Transaction ID: D305239

Amount Incurred This Period

788.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

1311.83

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
ExpediteNature of Debt (Purpose):
Direct Mail Printing

Mailing Address 3770 Dunlap St N

City State ZIP Code
Arden Hills MN 55112-6907

Outstanding Balance Beginning This Period

1775.77

Transaction ID: D306485

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1775.77

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Honsa-Binder PrintingNature of Debt (Purpose):
Fundraising Printing

Mailing Address 320 Spruce St

City State ZIP Code
Saint Paul MN 55101-2445

Outstanding Balance Beginning This Period

4226.21

Transaction ID: D302862

Amount Incurred This Period

1047.19

Payment This Period

2790.16

Outstanding Balance at Close of This Period

2483.24

1) SUBTOTALS This Period This Page (optional).....

5570.84

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 54 / 83

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Impact PrintingNature of Debt (Purpose):
Fundraising Invitations

Mailing Address 1067 Rice St

City	State	ZIP Code
Saint Paul	MN	55117-4920

Outstanding Balance Beginning This Period

1017.59

Transaction ID: D299955

Amount Incurred This Period

312.11

Payment This Period

0.00

Outstanding Balance at Close of This Period

1329.70

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
TVEyes IncNature of Debt (Purpose):
Media Research

Mailing Address 2150 Post Road

City	State	ZIP Code
Fairfield	CT	06824

Outstanding Balance Beginning This Period

5400.00

Transaction ID: D306491

Amount Incurred This Period

0.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

3400.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
J N Johnson Sales and ServiceNature of Debt (Purpose):
Fire Extinguisher Service

Mailing Address 4200 W 76th St

City	State	ZIP Code
Edina	MN	55435-5108

Outstanding Balance Beginning This Period

153.82

Transaction ID: D302863

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

153.82

1) SUBTOTALS This Period This Page (optional).....

4883.52

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 55 / 83

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Metro SalesNature of Debt (Purpose):
Copier Lease

Mailing Address 1620 E 78th St

City	State	ZIP Code
Minneapolis	MN	55423-4645

Outstanding Balance Beginning This Period

1892.61

Transaction ID: D306486

Amount Incurred This Period

0.00

Payment This Period

1892.61

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Meyer Associates IncNature of Debt (Purpose):
GOTV Calling

Mailing Address 14 7th Ave N

City	State	ZIP Code
Saint Cloud	MN	56303-4753

Outstanding Balance Beginning This Period

10000.00

Transaction ID: D287478

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Midway Party RentalsNature of Debt (Purpose):
Linen Charges

Mailing Address 2110 Gilbert Ave

City	State	ZIP Code
Saint Paul	MN	55104-5014

Outstanding Balance Beginning This Period

433.21

Transaction ID: D302864

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

433.21

1) SUBTOTALS This Period This Page (optional).....

10433.21

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 56 / 83

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Midwest Radio RentalsNature of Debt (Purpose):
Election Night Party Comm-
unication

Mailing Address 1800 Cliff Rd E

City	State	ZIP Code
Burnsville	MN	55337-1345

Outstanding Balance Beginning This Period

197.34

Transaction ID: D287479

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

197.34

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Minnesota RevenueNature of Debt (Purpose):
Sales Tax

Mailing Address PO Box 821

City	State	ZIP Code
Minneapolis	MN	55480-0821

Outstanding Balance Beginning This Period

3755.00

Transaction ID: D306487

Amount Incurred This Period

0.00

Payment This Period

680.00

Outstanding Balance at Close of This Period

3075.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Minnesota UC FundNature of Debt (Purpose):
Correction of Underpayment

Mailing Address PO Box 821

City	State	ZIP Code
Minneapolis	MN	55480-0821

Outstanding Balance Beginning This Period

8583.75

Transaction ID: D293874

Amount Incurred This Period

0.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

3583.75

1) SUBTOTALS This Period This Page (optional).....

6856.09

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 57 / 83

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mitel LeasingNature of Debt (Purpose):
Telephone Lease

Mailing Address 1140 West Loop N

City State ZIP Code
Houston TX 77055

Outstanding Balance Beginning This Period

2300.77

Transaction ID: D302865

Amount Incurred This Period

0.00

Payment This Period

2300.77

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NGP Software, Inc.Nature of Debt (Purpose):
Reporting Software

Mailing Address 1225 I Street, #1225

City State ZIP Code
Washington DC 20005

Outstanding Balance Beginning This Period

750.00

Transaction ID: D295464

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

750.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
North Central States Regional Council of CarpenterNature of Debt (Purpose):
Volunteer Generic GOTV meetings

Mailing Address 700 Olive St

City State ZIP Code
Saint Paul MN 55130-4405

Outstanding Balance Beginning This Period

700.00

Transaction ID: D287474

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

700.00

1) **SUBTOTALS** This Period This Page (optional).....

1450.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 58 / 83

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Mini Storage North StarNature of Debt (Purpose):
Storage Space

Mailing Address 2356 University Ave W

City State ZIP Code
Saint Paul MN 55114

Outstanding Balance Beginning This Period

140.00

Transaction ID: D293842

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

140.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Office DepotNature of Debt (Purpose):
Office Supplies

Mailing Address PO Box 633211

City State ZIP Code
Cincinnati OH 45263-3211

Outstanding Balance Beginning This Period

4889.94

Transaction ID: D287484

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4889.94

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Pitney Bowes Purchase PowerNature of Debt (Purpose):
Office Postage

Mailing Address PO Box 85390

City State ZIP Code
Louisville KY 40285-5390

Outstanding Balance Beginning This Period

30602.84

Transaction ID: D287529

Amount Incurred This Period

0.00

Payment This Period

4431.85

Outstanding Balance at Close of This Period

26170.99

1) **SUBTOTALS** This Period This Page (optional).....

31200.93

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
RJF Kramer & AssociatesNature of Debt (Purpose):
Printing

Mailing Address 1471 Barclay St

City State ZIP Code
Saint Paul MN 55106-1405

Outstanding Balance Beginning This Period

1569.12

Transaction ID: D287515

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1569.12

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Saint Paul Public SchoolsNature of Debt (Purpose):
SCC Meeting Rent

Mailing Address 360 Colborne St

City State ZIP Code
Saint Paul MN 55102-3228

Outstanding Balance Beginning This Period

1558.00

Transaction ID: D293515

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1558.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Sandler Reiff & YoungNature of Debt (Purpose):
Legal Fees

Mailing Address 300 M Street SE #1102

City State ZIP Code
Washington DC 20003

Outstanding Balance Beginning This Period

6000.00

Transaction ID: D287517

Amount Incurred This Period

0.00

Payment This Period

2400.00

Outstanding Balance at Close of This Period

3600.00

1) **SUBTOTALS** This Period This Page (optional).....

6727.12

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 60 / 83

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Seven Clans CasinoNature of Debt (Purpose):
Food - Generic GOTV Training

Mailing Address Red Lake

City State ZIP Code
Red Lake MN 56000

Outstanding Balance Beginning This Period

300.00

Transaction ID: D287465

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

300.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Seven Corners PrintingNature of Debt (Purpose):
Printing

Mailing Address 230 7th St W

City State ZIP Code
Saint Paul MN 55102-2523

Outstanding Balance Beginning This Period

202.70

Transaction ID: D287518

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

202.70

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Shooting StarNature of Debt (Purpose):
Room Rental

Mailing Address PO Box 418

City State ZIP Code
Mahnomon MN 56557-0418

Outstanding Balance Beginning This Period

1716.63

Transaction ID: D287519

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1716.63

1) SUBTOTALS This Period This Page (optional).....

2219.33

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 61 / 83

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Simons LandscapingNature of Debt (Purpose):
Snow Plowing

Mailing Address 134 13th Ave S

City State ZIP Code
South Saint Paul MN 55075

Outstanding Balance Beginning This Period

0.00

Transaction ID: D309144

Amount Incurred This Period

525.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

525.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Solution BuildersNature of Debt (Purpose):
Software SupportMailing Address 7800 Metro Pkwy
Ste 300City State ZIP Code
Bloomington MN 55425-1509

Outstanding Balance Beginning This Period

18549.78

Transaction ID: D293816

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18549.78

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Coates Plaza HotelNature of Debt (Purpose):
SCC meeting

Mailing Address 502 Chestnut St

City State ZIP Code
Virginia MN 55792-2532

Outstanding Balance Beginning This Period

1904.11

Transaction ID: D287521

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1904.11

1) SUBTOTALS This Period This Page (optional).....

20978.89

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 62 / 83

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
The Contract GroupNature of Debt (Purpose):
Turn out calling issue ra-
lly

Mailing Address PO Box 607

City State ZIP Code
Grasonville MD 21638

Outstanding Balance Beginning This Period

1774.45

Transaction ID: D299896

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1774.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Voter Activation NetworkNature of Debt (Purpose):
Email Service

Mailing Address 54 Regent St

City State ZIP Code
Cambridge MA 02140-2112

Outstanding Balance Beginning This Period

37477.36

Transaction ID: D287524

Amount Incurred This Period

0.00

Payment This Period

1500.00

Outstanding Balance at Close of This Period

35977.36

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Weinblatt & Gaylord PLCNature of Debt (Purpose):
Legal Fees

Mailing Address 111 Kellogg Blvd E

City State ZIP Code
Saint Paul MN 55101-1236

Outstanding Balance Beginning This Period

28664.41

Transaction ID: D287525

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

28664.41

1) SUBTOTALS This Period This Page (optional).....

66416.22

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 63 / 83

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Winning ConnectionsNature of Debt (Purpose):
Voter Turnout

Mailing Address 317 Pennsylvania Ave SE #200

City	State	ZIP Code
Washington	DC	20003

Outstanding Balance Beginning This Period

10000.00

Transaction ID: D293820

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
XO CommunicationsNature of Debt (Purpose):
Phone Service

Mailing Address PO Box 828618

City	State	ZIP Code
Philadelphia	PA	19182-0001

Outstanding Balance Beginning This Period

2056.51

Transaction ID: D306493

Amount Incurred This Period

0.00

Payment This Period

2056.51

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

10000.00

2) **TOTALS** This Period (last page this line number only).....

196918.46

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

196918.46

SCHEDULE H2 (FEC Form 3X)**ALLOCATION RATIOS**

PAGE 64 / 83

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation :

- I. FUNDRAISING activities are allocated using the 'funds received method' where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.
For PACs Only : Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER Humphrey Day 2010 <hr/> ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;">19.00</div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;">81.00</div> % Transaction ID: R825
ACTIVITY OR EVENT IDENTIFIER State Convention 2010 <hr/> ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;">80.00</div> %	NONFEDERAL % <div style="border: 1px solid black; padding: 2px; text-align: center;">20.00</div> % Transaction ID: R824

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 65 / 83
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT
 Non Federal Portion
 of Admin

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 3 / 1 9 / 2 0 1 0

TOTAL AMOUNT TRANSFERRED

8500.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

8500.00

Transaction ID: T2217

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 66 / 83
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT
 Non Federal Portion
 of Admin

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 3 / 1 7 / 2 0 1 0

TOTAL AMOUNT TRANSFERRED

3841.25

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

3841.25

Transaction ID: T2218

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 67 / 83
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT
 Non Federal Portion
 of Admin

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 3 / 1 9 / 2 0 1 0

TOTAL AMOUNT TRANSFERRED

2000.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

2000.00

Transaction ID: T2219

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

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 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT
 Non Federal Portion
 of Admin

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 3 / 2 3 / 2 0 1 0

TOTAL AMOUNT TRANSFERRED

10000.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

10000.00

Transaction ID: T2220

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

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 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT
 Non Federal Portion
 of Fundraising

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 3 / 2 5 / 2 0 1 0

TOTAL AMOUNT TRANSFERRED

537.30

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

0.00

Transaction ID: T2221

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) Superbowl Party w/
Sen. Franken 2/5/10

273.30

Transaction ID: T2222

b) State Convention
2010

264.00

Transaction ID: T2223

c) Total Amount Transferred for Direct Fundraising

537.30

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 70 / 83
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT
 Non Federal Portion
 of Admin

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 3 / 3 1 / 2 0 1 0

TOTAL AMOUNT TRANSFERRED

1846.31

BREAKDOWN OF TRANSFER RECEIVED

i) **Total Administrative**

0.00

Transaction ID: T2226

ii) **Generic Voter Drive**

Transaction ID:

iii) **Exempt Activities**

Transaction ID:

iv) **Direct Fundraising** (List Activity or Event Identifier)

a) Humphrey Day 2010

1846.31

Transaction ID: T2227

b) Mancini's 2.11.2010

0.00

Transaction ID: T2228

c) **Total Amount Transferred for Direct Fundraising**

1846.31

v) **Direct Candidate Support** (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) **Total Amount Transferred For Direct Candidate Support**

vi) **Public Communications Referring Only to Party** (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 71 / 83
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT
 Non Federal Portion
 of Admin

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 3 / 3 1 / 2 0 1 0

TOTAL AMOUNT TRANSFERRED

116.39

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

116.39

Transaction ID: T2229

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

24457.64

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

2383.61

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

26841.25

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 72 / 83

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial)
Anchor Paper

Mailing Address

480 Broadway St

City

State

Zip Code

Saint Paul

MN

55101-2410

Purpose of Disbursement:
Office PaperCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date

M	M
0	3

 /

D	D
1	8

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D308895

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

60.71

344.00

404.71

B. Full Name (Last, First, Middle Initial)
Andrew O'Leary

Mailing Address

255 Plato Blvd E

City

State

Zip Code

Saint Paul

MN

55107-1623

Purpose of Disbursement:
Travel, Office Supplies, ParkingCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date

M	M
0	3

 /

D	D
1	0

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D308888

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

50.45

285.86

336.31

C. Full Name (Last, First, Middle Initial)
Array Financial Services

Mailing Address

2500 Mendelssohn Ave N

City

State

Zip Code

Golden Valley

MN

55427-3119

Purpose of Disbursement:
Business InsuranceCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date

M	M
0	3

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D308976

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

801.82

4543.63

5345.45

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

912.98

5173.49

6086.47

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

B. Form/Schedule : **H4**

Transaction ID : **D308888**

3/3/2010 DECC, Duluth Convention Center, Duluth, MN 55801 \$4.00 parking, 2/26/2010, Cab, Miami Fl, Cab Ride \$43.13, 2/26/2010 Delta Airlines, Atlanta, GA \$50.00 Baggage Claim, 2/17/2010 Office Max 14-50 Mendota Road, IGH, MN 55007 \$96.38 Office Supplies, 3/5/2010 Joseph's Grill, 140 S Wabasha, Saint Paul, MN 55107 \$42.20 State Convention Planning Meeting, 2/18/2010 Standard Park, 225 S 6th St, Minneapolis, MN 55402 \$10.00 Parking, Mileage \$90.60

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 74 / 83
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial)
Aspen Waste Systems

Mailing Address

2951 Weeks Ave SE

City	State	Zip Code
Minneapolis	MN	55414-2833

Purpose of Disbursement:
Trash & RecyclingCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date 03 / 02 / 2010

Transaction ID: D308883

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
48.96		277.44		326.40

B. Full Name (Last, First, Middle Initial)
Deep Rock Water Company

Mailing Address

PO Box 173898

City	State	Zip Code
Denver	CO	80217-3898

Purpose of Disbursement:
Office WaterCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date 03 / 26 / 2010

Transaction ID: D308971

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
31.55		178.75		210.30

C. Full Name (Last, First, Middle Initial)
Delta Airlines

Mailing Address

5324 Highway 85

City	State	Zip Code
Atlanta	GA	30344

Purpose of Disbursement:
Airfare James R BostonCategory/
TypeActivity or Event Identifier:
Humphrey Day 2010

Type of Allocated Activity:

☐ Administrative ☒ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

2558.80

Date 03 / 26 / 2010

Transaction ID: D308972

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
53.09		226.31		279.40

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
133.60		682.50		816.10

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 75 / 83

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial)

Delta Airlines

Mailing Address

5324 Highway 85

City	State	Zip Code
Atlanta	GA	30344

Purpose of Disbursement:
Airfare Barney FrankCategory/
TypeActivity or Event Identifier:
Humphrey Day 2010

Type of Allocated Activity:

- ☐ Administrative ☒ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

2558.80

Date 03 / 26 / 2010

Transaction ID: D308973

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
53.09		226.31		279.40

B. Full Name (Last, First, Middle Initial)

Direct TV

Mailing Address

PO Box 60036

City	State	Zip Code
Los Angeles	CA	90060-0036

Purpose of Disbursement:
Satellite TVCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

- ☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date 03 / 02 / 2010

Transaction ID: D308885

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
48.97		277.52		326.49

C. Full Name (Last, First, Middle Initial)

Donna Cassutt

Mailing Address

815 E 61st St

City	State	Zip Code
Minneapolis	MN	55417-3144

Purpose of Disbursement:
Mileage, MealsCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

- ☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date 03 / 31 / 2010

Transaction ID: D308974

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
20.37		115.43		135.80

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
122.43		619.26		741.69

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

C. Form/Schedule : **H4**
Transaction ID : **D308974**

2/8/2010 Chickie's & Pete's Philadelphia International Airport, Philadelphia PA \$62.00, Mileage to
County Unit Conventions \$73.80

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 77 / 83

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial)

Marsden Building Services

Mailing Address

1717 University Ave W

City

State

Zip Code

Saint Paul

MN

55104

Purpose of Disbursement:

Cleaning Service

Category/
Type

Activity or Event Identifier:

Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date

M	M
0	3

 /

D	D
1	2

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D308891

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

94.12

533.34

627.46

B. Full Name (Last, First, Middle Initial)

Metro Sales

Mailing Address

1620 E 78th St

City

State

Zip Code

Minneapolis

MN

55423-4645

Purpose of Disbursement:

Copier Lease

Category/
Type

Activity or Event Identifier:

Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date

M	M
0	3

 /

D	D
0	2

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D308884

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

283.89

1608.72

1892.61

C. Full Name (Last, First, Middle Initial)

Minikahda Mini Storage

Mailing Address

1200 Concord St N

City

State

Zip Code

South Saint Paul

MN

55075-1126

Purpose of Disbursement:

Storage

Category/
Type

Activity or Event Identifier:

Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date

M	M
0	3

 /

D	D
2	3

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D308965

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

53.85

305.15

359.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

431.86

2447.21

2879.07

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 78 / 83
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial)
Mitel Leasing

Mailing Address

1140 West Loop N

City	State	Zip Code
Houston	TX	77055

Purpose of Disbursement:
Phone Repair

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date

M	M
0	3

 /

D	D
2	3

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D308955

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

140.29

794.98

935.27

B. Full Name (Last, First, Middle Initial)
Mitel Leasing

Mailing Address

1140 West Loop N

City	State	Zip Code
Houston	TX	77055

Purpose of Disbursement:
Telephone Lease

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date

M	M
0	3

 /

D	D
2	3

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D308960

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

204.82

1160.68

1365.50

C. Full Name (Last, First, Middle Initial)
Mitel Leasing

Mailing Address

1140 West Loop N

City	State	Zip Code
Houston	TX	77055

Purpose of Disbursement:
Telephone Lease

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date

M	M
0	3

 /

D	D
2	3

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D308962

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

332.81

1885.91

2218.72

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

677.92

3841.57

4519.49

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 79 / 83

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial)

Mpls Convention Center

Mailing Address

1301 2nd Ave S

City

State

Zip Code

Minneapolis

MN

55403-2710

Purpose of Disbursement:

Room Rental HHH Day Dinner

Category/
Type

Activity or Event Identifier:

Humphrey Day 2010

Type of Allocated Activity:

☐ Administrative ☒ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

2558.80

Date

M M

/

D D

/

Y Y

/

Y Y

0 3

3 1

2 0

1 0

Transaction ID: D308977

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

380.00

1620.00

2000.00

B. Full Name (Last, First, Middle Initial)

NGP Software, Inc.

Mailing Address

1225 I Street, #1225

City

State

Zip Code

Washington

DC

20005

Purpose of Disbursement:

Reporting Software

Category/
Type

Activity or Event Identifier:

Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date

M M

/

D D

/

Y Y

/

Y Y

0 3

2 2

2 0

1 0

Transaction ID: D308950

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

337.50

1912.50

2250.00

C. Full Name (Last, First, Middle Initial)

Officemax

Mailing Address

Dept 58-3061304065

City

State

Zip Code

Salt Lake City

UT

84130

Purpose of Disbursement:

Office Supplies

Category/
Type

Activity or Event Identifier:

Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date

M M

/

D D

/

Y Y

/

Y Y

0 3

3 1

2 0

1 0

Transaction ID: D308975

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

10.60

60.08

70.68

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

728.10

3592.58

4320.68

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial)

Sandler Reiff & Young

Mailing Address

300 M Street SE #1102

City State Zip Code

Washington DC 20003

Purpose of Disbursement:
Legal FeesCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date

M	M
0	3

 /

D	D
1	9

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D308912

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

360.00

2040.00

2400.00

B. Full Name (Last, First, Middle Initial)

Simons Landscaping

Mailing Address

134 13th Ave S

City State Zip Code

South Saint Paul MN 55075

Purpose of Disbursement:
Snow PlowingCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date

M	M
0	3

 /

D	D
0	2

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D308886

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

78.75

446.25

525.00

C. Full Name (Last, First, Middle Initial)

SPRWS

Mailing Address

1900 Rice St

City State Zip Code

Saint Paul MN 55113-6810

Purpose of Disbursement:
Water & SewerCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date

M	M
0	3

 /

D	D
0	9

 /

Y	Y	Y	Y
2	0	1	0

Transaction ID: D308887

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

16.96

96.12

113.08

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

455.71

2582.37

3038.08

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 81 / 83

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial)

U.S. Postmaster

Mailing Address

Riverview Station

City State Zip Code

Saint Paul MN 55107

Purpose of Disbursement:
Delegate and Alternate Convention InformationCategory/
TypeActivity or Event Identifier:
State Convention 2010

Type of Allocated Activity:

☐ Administrative ☒ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

1320.00

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	1	0

Transaction ID: D308967

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1056.00

264.00

1320.00

B. Full Name (Last, First, Middle Initial)

US Bank

Mailing Address

5th and Robert St

City State Zip Code

Saint Paul MN 55101

Purpose of Disbursement:
Bank ChargesCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	1	/	2	0	1	0

Transaction ID: D308876

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

26.31

149.07

175.38

C. Full Name (Last, First, Middle Initial)

US Bank

Mailing Address

5th and Robert St

City State Zip Code

Saint Paul MN 55101

Purpose of Disbursement:
Building MortgageCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	0

Transaction ID: D308894

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

627.95

3558.38

4186.33

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1710.26

3971.45

5681.71

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 82 / 83
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address

PO Box 25505

City	State	Zip Code
Lehigh Valley	PA	18002-5505

 Purpose of Disbursement:
Cell Phone
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	3	/	2	0	1	0

Transaction ID: D308954

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
140.28		794.92		935.20

B. Full Name (Last, First, Middle Initial)
Voter Activation Network

Mailing Address

54 Regent St

City	State	Zip Code
Cambridge	MA	02140-2112

 Purpose of Disbursement:
Email Blasts
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	1	0

Transaction ID: D308893

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
225.00		1275.00		1500.00

C. Full Name (Last, First, Middle Initial)
Voter Activation Network

Mailing Address

54 Regent St

City	State	Zip Code
Cambridge	MA	02140-2112

 Purpose of Disbursement:
Email Service
Category/
Type
 Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

 Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	0

Transaction ID: D308978

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.25		318.75		375.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
421.53		2388.67		2810.20

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A. Full Name (Last, First, Middle Initial)

Xcel Energy

Mailing Address

414 Nicollet Mall

City

State

Zip Code

Minneapolis

MN

55401-1927

Purpose of Disbursement:
Building UtilitiesCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	2	/	2	0	1	0

Transaction ID: D309041

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

273.91

1552.18

1826.09

B. Full Name (Last, First, Middle Initial)

XO Communications

Mailing Address

PO Box 828618

City

State

Zip Code

Philadelphia

PA

19182-0001

Purpose of Disbursement:
Phone ServiceCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	1	0

Transaction ID: D308938

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

179.12

1015.03

1194.15

C. Full Name (Last, First, Middle Initial)

XO Communications

Mailing Address

PO Box 828618

City

State

Zip Code

Philadelphia

PA

19182-0001

Purpose of Disbursement:
Phone ServiceCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

90252.86

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	1	0

Transaction ID: D308941

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

308.48

1748.03

2056.51

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

761.51

4315.24

5076.75

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

6355.90

29614.34

35970.24